BILL NUMBER 12R-98

BRIEF TITLE	APPROVAL DEADLINE	REASON
Controlled Access Pharmaceutical Dispenser Machines, Bid No. 12-015		Multiple Year Contract

DETAILS		POSITIONS/RECOMMENDATIONS
Resolution to provide three (3) Controlled Access Pharmaceutical Dispenser Machines and thirty-six (36) months of Software, Service, Training, Support, Server Hosting, and Data Storage, effective upon execution	Sponsor	Purchasing
by both parties. These dispensers and necessary support will be used by City of Lincoln Fire Department. The estimated cost for three (3) Controlled Access Pharmaceutical Dispenser Machines and thirty-six (36) months of Software, Service, Training, Support, Server Hosting, and Data Storage is \$36,359.97.	Program Departments, or Groups Affected	City of Lincoln Fire Department
	Applicants/ Proponents	Applicant:
		Purchasing
		City Department: Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals
		Basis of Opposition
	Staff Recommend.	□ For □ Against Reason Against
	Board or Commission Recommend.	BY For Against No Action Taken For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	 □ Pass □ Pass (As Amended) □ Council Sub. □ Without Recommendation □ Hold □ Do not Pass
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DETAILS

POLICY/PROGRAM IMPACT

Resolution to provide three (3) Controlled Access Pharmaceutical Dispenser Machines and thirty-six (36) months of Software, Service, Training, Support, Server Hosting, and Data Storage, effective upon execution by both parties. These dispensers and necessary support will be used by City of Lincoln Fire Department. The estimated cost for three (3) Controlled Access Pharmaceutical Dispenser Machines and thirty-six (36) months of Software, Service, Training, Support, Server Hosting, and Data Storage is \$36,359.97.	POLICY OR PROGRAM CHANGE	X NO D YES
	OPERATIONAL IMPACT ASSESSMENT	
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/ Resolution \$
		RELATED annual operating Costs \$
		INCREASE REVENUE EXPECTED/YEAR \$
	SOURCE OF FUNDS	CITY [Approximately]%
		\$%
		\$%
	•	NON CITY [Approximately]%%
· .		\$%
		\$%
	BENEFIT COST Front Foot Assessment	Average
	☐ Square Foot	\$

APPLICABLE DATES:

FACT SHEET PREPARED BY: Shelly Hinze

REVIEW BY:

REFERENCE NUMBER